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•	PATENT	ON RECORD		^º/*C	1691	Solution number	1			
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	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) * If the difference in column 1 is less than zero, enter "0" in column 2.				+5=		OR	+\$=		
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	CLAIMS AS AMENDED - PART II								1	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						OR.	+5	/	
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an a	Independent (37 CFR 1.18(b))	/ Minus	/	8			_OR	_X \$ =		
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ब्रह्मा १ १५१ द १ <u>८</u> २५ १५५	If the entry in column 1 is If the "Highest Number P The "Highest Number Pn The "Highest Number Pn If the "Highest Number N	reviously Paid For () reviously Paid For () eviously Paid For (To	N THIS SPACE IN THIS SPACE IN TELL OF INDEPENDENCE	is less than 20, os s less than 3, en	3. onter "20". eter "3".	the appropriate	. hou in io			ar ad a er
	his collection of information is	required by 37 CFR	1.16. The infor	mation is requir	ed to obtain or reta	in a benefil b	y the publ	ic which is to fil	e (and by the	

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commission the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.